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A Case of General Paresis  
of Fourteen Years'  
Standing.

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## CLINICAL CASE.

### A CASE OF GENERAL PARESIS OF FOURTEEN YEARS' STANDING.\*

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The history of this case has been so fully detailed by Dr. Sinkler that it is unnecessary for me to narrate the facts which were obtained on his admission to the Pennsylvania Hospital for the Insane on October 4th, 1888.

He was in a complacent state, appeared pleased with everything and showed no correct appreciation of his surroundings, or of the fact of his commitment to the hospital. He was talkative and extremely incoherent. There was much disturbance of speech to such an extent indeed that he could not make himself understood. He spoke in a jerky, explosive fashion, and slurred over his words after the manner of a general paretic. His pupils were small and the left seemed the larger, but the difference was quite slight. They responded slowly to light; the response to accommodation was not tested. There was marked fibrillary twitching about the mouth, and the tongue showed considerable tremor. It was protruded slowly and with some effort withdrawn suddenly.

A note in the case-book three days after admission states that his gait is somewhat ataxic, and that there is considerable lack of control in coördinating the movements of the upper extremities. His disposition, the same note states, "is very happy," he laughs, whistles and attempts to sing. His usual response to inquiries concerning his health was the one word "healthy" pronounced in a sudden, explosive manner and made to sound like "helly." He remained without material change until October 21, seventeen days after admission, when he became late in the evening suddenly very much excited. He appeared under the control of delusions of fear, repeated the word "poison" several times, gesticulated wildly and pointed repeatedly to his throat. This stage of intense excitement passed away before morning, but for a few days he remained disturbed, appeared angry at some thing, and when unable, from speech disturbance, to make himself understood, became excited. He gradually became quiet and resumed his old complacent happy mood. When it was possible to understand

\*These notes are the sequel to an article of like title in the April JOURNAL and form Dr. Brush's portion of the joint production. The MS. failed to reach us in time to secure publication with Dr. Sinkler's.—Eds.





him, he talked about machinery and inventions, and appeared to have extravagant delusions in that line.

Early in the morning of the 13th of November he became quite excited and noisy, but soon became quiet again. At 6 A. M. he was observed to be in a semi-comatose state, which was followed by a series of convulsive seizures six or seven in number. These seizures were confined to the left side, and after their cessation he had left hemiplegia for a few hours. On the day following he was restless and noisy. During the day he had one convulsion, and during the twenty-four hours ending on the morning of the 16th of November he had twenty convulsive seizures. His pulse on the 16th was 110, temperature  $101\frac{1}{2}$  in the morning, and but slightly higher in the evening.

The convulsions always commenced on the left side by extreme flexion of the thumb upon the hand, closing of the fingers, flexion of the forearm upon the arm which was then drawn across the chest in rapid and somewhat rhythmic movement. The leg then became involved, the head was drawn extremely to the left, and there was conjugate deviation of the eyes. After a series of convulsions of this kind the movements became general, involved the right side and followed no general order, but each series commenced as above described.

He continued to fail steadily from this time and was almost continuously confined to bed. On one or two occasions he became quite excited, and was the subject of hallucinations of sight and hearing, judging from his conduct. His attempts at speech were wholly unintelligible, except that an occasional word could be understood. When restless at night the hypodermatic administration of 1-200th of a grain of hyoscine hydrobromate secured a quiet night's sleep.

On the 4th of January, just three months after admission, he had a renewal of the convulsive seizures which were of the same character as those previously described. He continued to have convulsions at irregular intervals, some of which were quite severe, the majority being slight for the next five days. During some of the intervals he could be aroused, attempted to speak, and was able to swallow liquid food. On the 10th of January he was quiet but in a semi-comatose state, during the night he had several slight convulsions, but was free from them after seven A. M. of the 11th. At 10.30 A. M. on the 11th, his features became suddenly blanched, his respiration became embarrassed, and before I could reach his bedside, though in the ward at the time, he was dead.

*Autopsy* twenty-four hours after death. Cadaveric rigidity marked. Examination of brain. Calvaria thick and compact, diploë almost obliterated; dura not adherent to calvaria, somewhat thickened and discolored along longitudinal sinus. Pacchionian bodies very prominent, adhesions between dura and pia-arachnoid in vicinity of Pacchionian bodies and along the entire longitudinal fissure; pia-arachnoid opaque, opacity most marked along lines of vessels. Meningeal vessels much distended, much serum in meshes of arachnoid. Pia-arachnoid adherent to entire brain, tearing up cortex when efforts at separation were made. Adhesion between hemispheres and along the fissure of Sylvius very marked. Patches of yellow atheroma in basilar and Sylvian arteries, and to a less extent in other cerebral vessels. Lateral ventricles distended with serum, ependyma granular and containing calcareous particles. Choroid plexus contained minute serous cysts, and calcareous deposits. White matter of brain generally softened and disposed to break down.

*Heart.*—Right side distended with blood deposits, atheroma, at base of aortic and mitral valves. Large patch of atheroma in arch of aorta and atheroma of large vessels generally. Several old yellow cicatrices on surface of liver. Kidneys somewhat congested. The spinal cord presented no microscopic evidences of pathological changes beyond some slight opacity and thickening of membranes.

Unfortunately the specimens retained for examination were by accident spoiled during the process of hardening, but the gross appearances were such as would bear out the diagnosis of general paresis.







